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J. W. HOLLAND, A.M., M.D., } Editors. JOHN P. MORTON & CO., Publishers.
H. A. COTTELL, M.D., }

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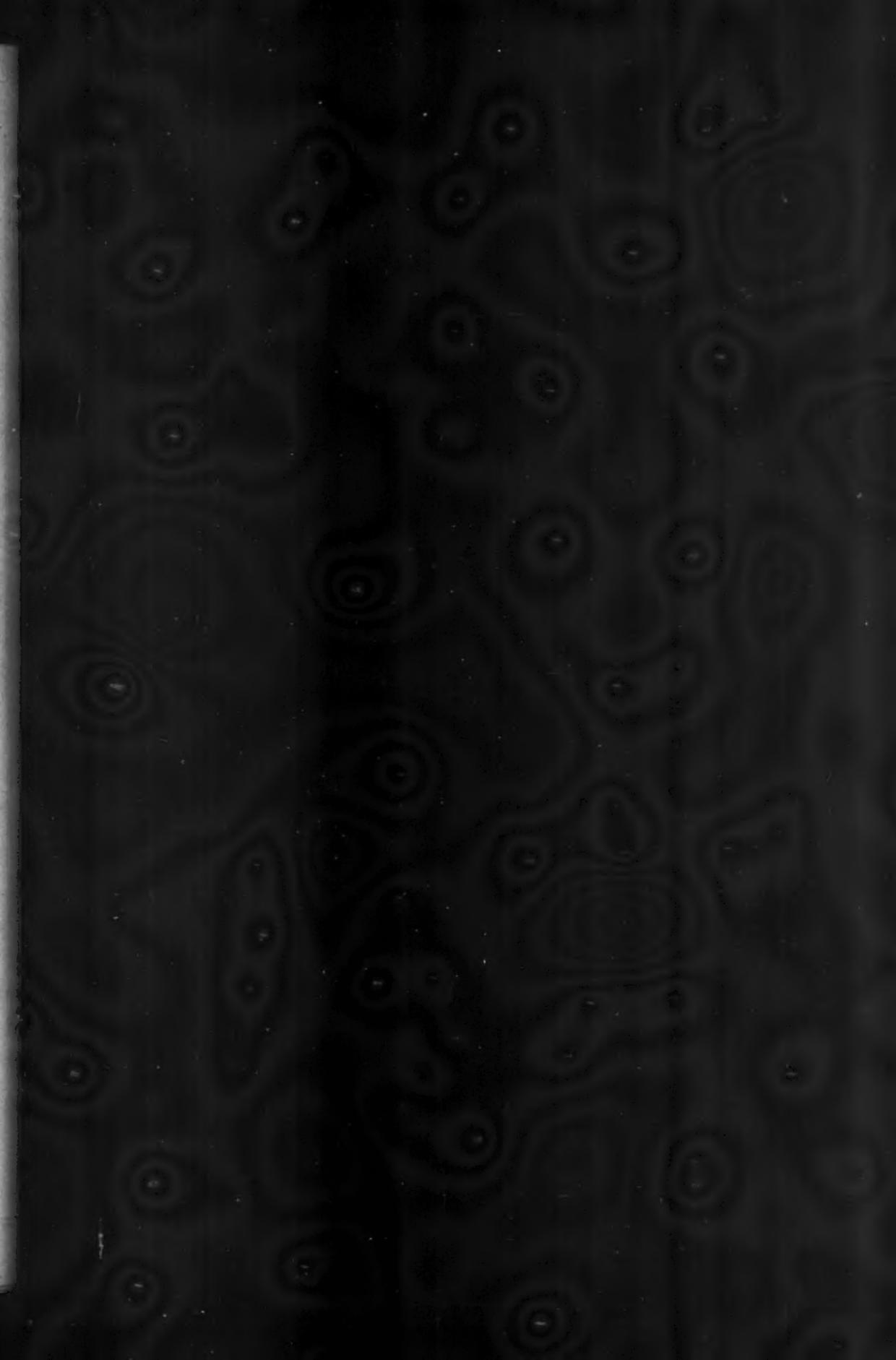
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LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNA."

Vol. XIII.

LOUISVILLE, MARCH 25, 1882.

No. 12.

J. W. HOLLAND, A. M., M. D., } Editors.
H. A. COTTELL, M. D.,

DANGER FROM THE LONG-CONTINUED USE OF LIMEWATER AND MILK.

Dr. X. T. Bates (*Journal of Materia Medica*) condemns the common practice of giving to patients for any considerable length of time a mixture of milk and limewater. He says that he shall in no case employ this treatment continuously in the future, and gives as a reason his experience with two cases of typhoid fever in which milk and limewater had been administered daily throughout the continuance of the disease. In each case the fever seemed to run a favorable course, and the patient was apparently convalescent, when suddenly she developed symptoms of an alarming nature: "intense abdominal pain and spasm, with a temperature and pulse denoting immediate prospective danger." Morphia and enemas were given, but the first case died of syncope and coma. The other, under this treatment accompanied with mechanical means for removing the impacted feces, recovered, but barely escaped dissolution. "The feces as taken away were dry and stony hard, some portions quite smooth, and when broken in pieces presented a grayish and glistening appearance, which can not inappropriately be compared to a cement." With this patient the paroxysms lasted for eight days, passing away, however, as soon as a natural, easy evacuation was brought about.

He believes that the first patient died of intestinal perforation; that the second barely escaped this accident; and that an impact-

ed mass of matter, consisting of a cement formed by the milk and limewater, was in both instances the cause of the mishap.

His theory as to the nature of the obstructive mass was suggested by an article published in the *Druggists Circular and Gazette*, which states that a most durable cement may be formed of casein and lime. The opinion is further supported by the fact that five cases of typhoid fever had occurred in the same family during the same season, in none of which did the symptoms above described appear, although, with the exception of the milk and limewater, they had a treatment precisely similar to that of the two cases reported. One only of these patients died.

In view of the fact that milk and lime-water make a combination which is sanctioned by all writers on therapeutics, and universally employed by physicians, this report assumes a peculiar interest and may well stimulate inquiry.

Dr. Bates is doubtless correct in attributing the symptoms noted in each of these cases to impacted feces; but the theory that the fecal mass was a cement formed of casein and lime does not, it would seem to us, rest on a sufficient scientific basis. Casein and lime may form a hard and durable cement when the former is separated from milk by proper chemical means, freed from fat, and mixed with lime in due proportions; but lime, so far from precipitating the casein when mixed with milk, really insures its solution, since casein is soluble in dilute alkalies, and the presence of the lime would neutralize any acid that might form in the milk. It requires either an acid or a pecu-

liar ferment to precipitate casein from milk, and since the stomach contains both acids and ferments, it might be urged that the necessary precipitation of the casein takes place in that organ, where the lime would unite with it and so form the cement described. But unfortunately for this theory, while the ferment is throwing down the casein the acids are acting upon the lime, converting it into chlorides and lactates, which being soluble salts would part company with the casein, becoming absorbed from the intestinal canal, while the casein resolved through stomach-digestion into peptones would pursue a similar course.

Again, if it were profitable to theorize on a subject which might be made a matter of experimental demonstration, we should say that unless the lime had wonderful hardening power upon casein the quantity taken in milk is too disproportionately small to play any important part in the formation of the cement. For instance: A pint of milk contains about three hundred and seventy grains of casein, while a pint of water will hold in solution but eight or nine grains of lime. A pint of milk, then, as ordinarily treated with limewater (milk, four parts, limewater, one part) will contain about two grains of lime to two hundred and seventy-eight grains of casein.

It is a fact well known that in certain affections—the summer-complaints of infants, for instance—masses of coagulated casein do frequently pass the stomach unresolved and give rise to irritation in the intestinal tract; but every therapist believes, and with good reason, that limewater, by delaying this coagulation or causing it to form in fine flakes, is an efficient agent in fore-stalling this result.

It is to be regretted that Dr. Bates did not submit the fecal matter in question to some chemist for analysis, who might easily have determined its composition. It might have turned out to be concretions of cholesterol, or ordinary feces white from the absence of bile-pigment or sterco-bilin. Possibly the mass may have been composed of

casein, but in this case its presence in the feces could easily be accounted for on the theory of gastric inefficiency, the amount of gastric juice being sufficient to precipitate the casein, but not competent to resolve it into peptones.

The circumstances attending these cases might, we think, constitute an argument against the injudicious feeding of patients who are suffering from any disease which impairs or suspends digestion, but present no facts that would warrant the discontinuance of so valuable a therapeutic agent as limewater.

TORTURE IN THE UNITED STATES.—The Medical Press and Circular questions the authenticity of an anecdote given in our issue of January 28th, wherein we attempted to show that even an English army officer might not be exempt from a charge of cruelty similar to or worse than that made by our esteemed contemporary (upon the authority of Mark Twain) against American army officers, and desires to know the name of the officer referred to. His name was St. Leger Grenfel. He served under the command of Gen. John Morgan, of the C. S. A., but on going to Chicago to assist in the escape of certain Confederate prisoners there held he was captured by the Federal authorities and sent to the Dry Tortugas. In attempting to escape from this place he was shot and killed.

We are confident that the records of our late civil war will confirm the statements above made, and so we respectfully refer the editor to these.

THE Society of the Alumni of the Medical Department of the University of Louisville will meet in the hall of the college-building, Eighth and Chestnut sts., on the 5th of next April, at 7:30 o'clock P.M. The meeting will be addressed by Prof. E. R. Palmer, M.D. (class of 1864). Business of vital importance to the organization will be transacted.

Original.

A PECULIAR CASE OF LACERATION AND HYPERSTROPHY OF THE CERVIX UTERI—AMPUTATION.

BY DOUGLAS MORTON, A.M., M.D.,
Visiting Surgeon to the Women's Department of Louisville City Hospital.

Three years ago Mrs. B., a German woman, came to the office asking me to treat her for "falling of the womb." I examined her and found the womb low down in the pelvis, and the cervix greatly hypertrophied and protruding through the vulva. In the latter I found a rent on the right side extending nearly to the inner os, the raw surface of which had healed over entirely without eversion or induration. The tissues, on the contrary, were soft and flaccid. The woman was some ten weeks advanced in pregnancy.

Of her history I gathered that about two years before she had borne a child at term, and a few months afterward had noticed the prolapse for the first time; that a short time after this she had become pregnant again, and in three months had a miscarriage.

I began treatment by lifting the womb into its normal position; and after painting the cervix and vaginal roof with Churchill's strong tincture of iodine, sustained it thereby by packing the vagina with oakum saturated with glycerole of tannin. This treatment repeated two or three times a week, and continued several weeks, resulted in removing to a very considerable degree the congestion present when I first saw her, when having become much more comfortable she quit coming to be treated.

Two or three months afterward, however, she came again, telling me she had had another miscarriage, and that her womb was again giving her trouble. I put her on the same treatment as before, and in addition ordered vaginal injections of hot water to be taken whenever the tampon was removed. Having determined to amputate the cervix, this treatment was kept up until all congestion had subsided.

As I believe my method of operating was unique, I will describe it. I first transfixed the cervix just below the vaginal attachment with a long and strong needle. Above this I tied a piece of tape sufficiently tightly to serve as a tourniquet. I left the ends of the tape long enough to be used as a tractor in the hands of an assistant. I then made

an incision on the outside of the cervix and just below the transfixing needle entirely around, with the knife pointing upward and inward, and cutting to the center of the cervical wall. As I could readily get at the inner surface of the wall through the rent, I made a corresponding incision within, pointing the knife upward and outward, meeting the first incision, and thus making the amputation a flap operation. The flaps were brought together by sutures, and quite a fair stump was the result.

An apparent result of the operation was to convert a prolapse of the third into one of the second degree. As soon as the wound had well healed I got the patient to wear a pessary with an external support somewhat like that known as "Babcock's supporter."

Not a great while elapsed before she became pregnant again, and on this occasion carried her child seven months; at the expiration of which time (July 10, 1881) she was delivered of a child, which is now living and well developed.

It may be worth while to mention that when the womb contracted after the expulsion of the placenta it was not spheroidal, as is usual, but elongated and cone-shaped; a fact going to show apparently that the whole organ had undergone true hypertrophy, and not simply hyperplasia of the connective tissue. I kept the woman in bed longer than is usual, and in order to promote involution as much as possible ordered ergot to be taken thrice daily and vaginal injections of hot water.

Since so eminent an authority as Emmet teaches that elongation of the cervix is never found in women who have borne children, and emphatically condemns amputation in all cases of cervical laceration; since also the operation in other cases in which it was formerly often done has now fallen into general disfavor, I feel that in giving an account of this case I am put upon the defensive. I also am convinced that the operation is applicable only in very narrow limits. Indeed this is the only occasion I have ever seen in which I thought it called for.

The operation ordinarily done for torn cervix—that of tracheloraphy—one which I think gynecologists are now beginning to find has been rather too popular during the last three or four years, was not at all indicated in this case, for there was neither indurated tissue to cut away nor a raw surface to be healed. The laceration was undoubtedly the original cause of the hypertrophy, but the irritation which gave rise to her

miscarriages was evidently due to the procident state of the cervix; and I do not see that to have stitched up the rent, although it could easily have been done, would have accomplished any good. To have corrected the prolapse either by *tacking* the cervix to vagina just above the vulva, as is now sometimes done, or propping the womb in position by narrowing the vagina, would have been in either case an unjustifiable operation prior to the menopause; and, upon the other hand, to have tried to remedy the trouble by such treatment as I applied in the first instance simply as a palliative would have required too indefinite a length of time, and have been too uncertain as to result, to be at all satisfactory either to my patient or myself.

It is in a retrospective view, however, that the propriety of the treatment pursued in the case appears at its best advantage. The woman wished deeply to bear another child. This wish has been gratified, and she is now, nearly two years after the operation, in excellent health, and says her womb has never "come down again" nor given her any other trouble.

LOUISVILLE.

Correspondence.

NEW YORK LETTER.

Editors Louisville Medical News:

At the Academy of Medicine, January 19th, Prof. Samuel W. Gross, of Philadelphia, read a paper on Cancerous Tumors of the Breast, and their Treatment. He gave a statistical account of the operation of excision as ordinarily performed, with its results, and also his manner of procedure, and drew a comparison between the two, which seemed greatly in favor of his method. Heretofore cancer of the breast has been considered by a majority of surgeons as a constitutional disease manifesting itself locally; but Dr. Gross regards it as a local disease only, and if removed early in accordance with his plan it is not so likely to return, as it is prone to do under the ordinary treatment, and even if not operated on until the lymphatics of the axilla and adjacent glands have become involved, it still may be removed with a good degree of success. His plan is to remove not only the entire gland but also the integument covering it. In all cases where he suspects the

lymphatic glands of the axilla of enlargement, even if he can not feel them externally, he opens that cavity and examines it thoroughly with his fingers, and removes all that may be contaminated. He also examines the pectoralis major muscle, and should there exist any where along its surface any enlarged lymphatic glands, removes them. He is particular in tying all the blood-vessels, veins as well as arteries, that may bleed. This he does as he proceeds with the operation. He dresses the wound with a compress and adhesive strips, leaving a drainage-tube in the wound.

The doctor is of the opinion that the great mortality heretofore resulting from opening the axilla in this operation has been due mainly to the manner in which the wound has been dressed. The veins being left open favor the entrance of septic matter into the blood, producing erysipelas or general septicemia. He has lost but one in seventeen cases where the axilla has been opened, while hitherto the mortality attending this procedure has been nearly fifty per cent. He has operated in seventy-seven cases, including the seventeen in which the axillæ were opened, together with other adjacent parts, and has lost only one case. This is about one and one half per cent. Of course this record must be understood as referring to death resulting from the operation alone.

Dr. Hamilton had operated many times for cancerous tumors of the breast. He seemed to think it was strange young Dr. Gross should entertain views so different from those of his father respecting the constitutional character of cancer of the breast. He said that Prof. S. D. Gross had to a very great extent controlled professional opinion on surgical matters in this country for the last quarter of a century, and that he had uniformly taught that cancer was a constitutional disease. He himself regarded it as a secondary disease seating itself in localities where previous injuries had been sustained, either from violence or irritating causes, or in organs which had become worn out or disabled in their functions. He cited cases of cancer of the lip, where the pipe had rested, or against which the tobacco quid had lain. He also alluded to the mammae and the uterus after their special functions had disappeared, and the testes in old men.

I do not think this view of the matter as far as worn-out organs are concerned, has been heretofore published, although it has long been known that they are favorite seats of the disease.

Dr. Post had operated also many times for this disease, and recounted some cases where life had been prolonged many years without return of the cancer, and in some cases the operation had been repeated several times. He was not satisfied as to the local character of the disease.

Prof. Sayre said it had been a common thing with him to cut out all the cancerous breasts that came to him when he practiced general surgery, but being engaged in a special branch of surgery he had not operated for cancer for several years. He spoke of several cases where he had prolonged life for many years.

Prof. Parker had operated more than four hundred times for this disease during his long professional career, and spoke of some apparently hopeless cases he had saved. One in particular struck my attention as being unique. This case was in the person of an old lady, whose breast presented a large ulcerating mass, which was very offensive not only to herself, but to every body else. He extirpated the whole mass and much of the surrounding tissues, including all the enlarged glands, not with any hope of curing her, but merely as a matter of comfort to her and her friends; getting rid of the terrible smell. To the surprise of himself and her friends, she got entirely well and lived many years.

Dr. Weir, of the University College, had considerable experience in this operation, but, not having a memorandum with him, could not name the number of his cases. His success in this operation had been very satisfactory. He did not say whether he regarded the disease as local or constitutional.

Prof. Flint, sr., had operated but a few times. He spoke of two cases particularly which had recovered, the patients living a long time without a return of the disease.

The president of the society, Dr. Fordyce Barker, spoke of having operated in many cases, but owing to an impediment in his speech I could not follow his remarks.

Several other gentlemen spoke on the subject, among whom was the president of the pathological society, whose name I have forgotten. All the speakers seemed to be very familiar with the operation, and had had good success in many cases. All advised an early operation.

Dr. Gross, after hearing from these distinguished gentlemen, expressed himself as much gratified that their views should agree so nearly with his respecting this hitherto-considered terrible disease. Some of them

had operated very nearly in the same manner as that recommended and practiced by himself. He complimented the profession of New York upon its high advancement in the surgical art.

In response to Dr. Hamilton's remarks respecting his father's views and teaching that cancer was a constitutional disease, and wondering at the son's entertaining so different a view, Dr. Gross said that he commenced business upon his own account and thought for himself, but that now his father thought and taught as he did.

Professor Flint moved that a resolution of thanks be offered by the society to Dr. Gross for the reading of his very able and interesting paper.

The academy numbers in its membership many of the ablest men in the profession of this city. It has a very fine library, which is adorned with many portraits of its prominent members. I spent a few hours very pleasantly in looking round this library.

NEW YORK.

T. B. GREENLY, M.D.

Formulary.

TREATMENT OF CYSTS OF THE LABIA MAJORA.

After trying a great number of fluids, chloride of zinc among the rest, M. Chéron finds that none acts so well as the liquor de Villate (liq. plumbi subacetatis, 120; zinci sulph., 60; cupri sulph., 60; acidi acetici, 800), either pure or mixed with one fifth of distilled water. A gram of this fluid should be injected without removing any of the contents of the cyst.

The patient does not ordinarily feel any pain from the operation, but occasionally a burning sensation may be experienced for a few hours. On the next day, or next but one, when the tension in the cyst has subsided, another gram of the liquid is injected, and the operation is repeated three or four times during the week. The cyst is then left untouched, and it will be found gradually to diminish in size until there is only a small indurated mass left, which undergoes resolution after the application of the unguentum extracti digitalis, made according to the following formula:

Extract digitalis gr. ix; 4.00 Gm.;
Vaselin 3 x; 40.00 Gm.

Sig. A piece the size of a pea to be rubbed in morning and evening.—*Le Progrès Med.; London Practitioner.*

CHLORAL AND MURIATED TINCT. OF IRON.

It is claimed that by the addition of chloral hydrate in the proportion of an ounce and a half to the pint of tincture of iron, the solution may be diluted with water *ad libitum*. The liquid is of a golden-yellow color and peculiar odor. It coagulates albumen immediately and has marked hemostatic, antiseptic, and narcotic properties.—*J. B. M.*

PITYRIASIS.

Prof. Hardy recommends the following solution:

Bicarbonate of soda..... 3 v.; 20.00 Gm.;
Arsenate of soda..... gr. jss; 0.10 Gm.;
Distilled water..... fl. 3 x; 300.00 fl. Gm.

A spoonful is to be given before breakfast and one before dinner, in the pityriasis rubra of gouty subjects, in disseminated pityriasis and in pityriasis of the beard or hairy scalp, when the bicarbonate of soda given alone has proved ineffectual.

For lymphatic subjects affected with obstinate pityriasis rubra of the armpits, groins, or neck, the arseniate of iron may be prescribed with good effect in doses of two or three centigrams per diem. As a local application we may use ointments of oxide of zinc, and later on those of tar, of juniper, *huile de cade* (from a tenth to a twentieth), of calomel (from fifty to hundred parts), or citrine ointment mixed with ten parts of cold cream or lard.—*Union Med.; Med. Times and Gazette.*

TREATMENT OF CHRONIC CYSTITIS.

In chronic cystitis accompanied by a little fever, ammoniacal urine, and charged with mucus, with frequent desire to micturate, M. Thornton, after emptying the bladder, recommends the injection of at first four ounces of tepid water, which is allowed to run out immediately afterward; then an injection of the third part of the following solution.

Quinine..... gr. xvj; 1.06 Gm.;
Sulphuric acid..... q. s.;
Distilled water..... fl. 3 x; 300.00 fl. Gm.

The liquid thus injected is maintained some seconds in the bladder, after which two thirds are allowed to flow out, while the remainder is left for an hour in the urinary reservoir. This injection produces a very slight smarting, and after a treatment of some days the urine becomes acid and no longer contains mucus.—*Med. Press and Circular.*

ATROPIN IN MENORRHAGIA.

Dr. Jacke (*Der Praktische Arzt*) believes that hypodermic injection of sulphate of atropin is a much surer means of arresting internal hemorrhages, such as occur from the uterus or lungs, than the administration of ergot. The author was first led to observe the influence of atropin on menorrhagia by the fact that he administered it in a case of eczema about the time of the menstrual flow, thereby alleviating both the cutaneous affection and the abnormal loss of blood. The action of the drug in arresting hemorrhage is rapid, and may be observed within a quarter of an hour of the injection. The formula recommended by the author is:

R Atropin. sulph..... 0.01 parts;
Aq. dest. 10.00 parts.

M. Sig. Five minimis to be injected twice or thrice a day hypodermically.—*Lond. Pract.*

FUMIGATION IN TENESMUS.

In severe tenesmus occurring in entero-colitis Dr. T. E. Potter (*Mo. Val. Med. Jour.*) advises that aqua ammoniae (one fluid ounce) be poured into the urinal and the child caused to sit over it. Relief is often obtained by this means. Steaming the child by hot water used in the same way is also beneficial.

Clinical Lectures.

AREOLAR HYPERPLASIA AND FISSURE OF THE CERVIX UTERI.

Delivered at the Hospital for Women, London.

BY HEYWOOD SMITH, M.A., M.D.,
Physician to the Hospital and to the British Lying-in
Hospital.

Gentlemen: I thought it might not prove uninteresting, in view of the attention that is at the present time being given to Emmet's operation, and especially as we are shortly to have the subject brought before the Obstetrical Society, if I drew your attention to some points of difference between cases of induration of the cervix uteri, the result of chronic cervicitis, and cases of hyperplasia of the cervix associated with fissure, in order that you may the more readily recognize the salient points in each series of cases, and so have some guide as to the proper treatment in each instance.

We live in an age of "runs." Certain fashions obtain at certain times both in therapeutics and pathology. In the latter some theory has sway for a time to be followed it may be by some other theory or fiction wholly at variance with what obtained before; and in therapeutics we constantly see some new medicine introduced when every one all at once prescribes it for nearly every known malady. Chemists lay in a large stock of it, only to find after a short time that it is laid aside, until perhaps they are enabled years afterward to persuade some one to bring it forward again as a new remedy. So in the subject before us. All cases of hypertrophy with induration of the lips of the uterus were at one time classed as cases of areolar hyperplasia depending on chronic cervicitis, whereas now many of these cases are stated to be due to fissure of the cervix.

In the non-puerant woman, induration of the cervix with hypertrophy rarely exists; but in women who have borne children the process of involution is not infrequently arrested, either by the woman getting about too soon after her confinement, or by cold, or by non-lactation, and the resulting subinvolution is the main factor in the production of the indurated condition referred to. Health to a certain extent stands in relation to wealth. The woman who is able to afford to lie up and keep quiet avoids thereby many of the evils that attack her poorer sister, who has too soon to assume the perpendicular position and toil at her work, thereby producing congestion and laying the seeds of further mischief. Again, cold and insufficient food tend to subinvolution with its concomitant misery; and thirdly, when a woman omits to suckle her child the natural outlet for the *débris* of the disintegrating uterus is to a certain extent blocked and the connective-tissue element of the cervix becomes not only arrested in its degeneration, but from the stimulus of chronic inflammation becomes proliferated, and forms a morbid product that has its peculiar symptoms and signs.

The oscillations of fashion are also seen in the various doctrines that are advocated from time to time. Just now the medicine-men are beginning to think that surgical methods have had sufficient sway, and that soon it must come about that many cases will yield to internal medicines; but we who practice gynecology know full well that many cases will yield

only to definite local treatment, such treatment involving the performance of operations of more or less gravity.

[The lecturer here drew on the blackboard several sketches of the cervix uteri, both in section and plan, to illustrate the various conditions of (1) simple hyperplasia of one lip; (2) general hypertrophy with induration of both lips, leading to their eversion; and (3) everted labia with induration and granular disease, associated with fissure, more or less extensive, of the cervix.]

1. In cases where retroflexion, for instance, exists there is a tendency for the posterior lip to become the seat of chronic congestion, then of chronic inflammation, followed by induration on its proximal surface, and granular disease of the surface overlying such induration. In such a case the os uteri presents a crescentic form, the thin anterior lip, apparently embracing the nodular posterior lip, which has the appearance almost of a fibroid nodule. The affected lip becomes generally covered with a velvety granular condition of surface, which is constantly and most erroneously called "ulceration."

2. When subinvolution affects the whole cervix, both lips increase in thickness and hardness on their proximal surfaces, and these pressing on one another force the lips to become everted and hard. The external os is widely patent as a long transverse line, and the whole cervix is in the condition of extensive areolar hyperplasia. This condition of things produces a characteristic pain in the pelvis and through one or both hips; there is menorrhagia, with a mucopurulent discharge, and often metrorrhagia; and in some cases practitioners have not infrequently mistaken the condition for cancer of the cervix. I think, however, that there is one diagnostic point that is valuable to differentiate the two states. In areolar hyperplasia the hardness appears to the touch to be submucous—that is, the mucous membrane is felt to be, to a certain extent, free and separable as a healthy structure superimposed on the indurated tissue beneath—whereas in cancer of the cervix the mucous membrane can not be recognized as separable from the general hardness, but gives to the finger the sensation of hard, wet india-rubber.

3. We come, thirdly, to the consideration of those cases where induration and eversion of the lips of the cervix are due, as Emmet maintains, primarily to fissure either on one or both sides. This condition of fissure is stated to be the starting-point of the malady and is the main factor in the production of the chronic inflammation, and so of the hyperplastic state.

Emmet scarcely recognizes any other cause of areolar hyperplasia. To it he attributes all the troubles that others have put down to subinvolution and chronic cervicitis alone; and, following this line of reasoning, he insists that all cases of fissure of the cervix during labor should be recognized at the time, and the fissure closed at once with sutures, or, if not then recognized, the operation that he has put forward should be performed, as being the only method of treatment that is at all likely to be followed by a permanent cure.

What I desire to point out to you today is the necessity of recognizing the possibility of areolar hyperplasia following chronic cervicitis existing without any fissure, so that you may be in a position, without any bias, of coming to a correct diagnosis in these cases, without which we can not hope to carry out successfully any plan of treatment.

In the class of cases first referred to, where one

lip only is involved, both the touch and the speculum render the diagnosis easy; for even in cases of unilateral fissure the appearance is markedly different from those cases in which no fissure exists.

In the second class, where both lips are involved and where the hypertrophy has proceeded to such an extent that both lips are widely everted, the diagnosis is not at first so easy, as the lips, being elongated and turned outward, the space between them, giving a deep furrow, is not dissimilar to a fissure. But in these latter cases, if a careful examination is made, the touch reveals a distinct fissure having a marked cicatrix at its angle, and the speculum shows a distinct tear extending more or less toward the vaginal cul-de-sac.

I will now say a few words as to the treatment in these several cases. Where simple areolar hyperplasia exists the indication is to destroy the indurated mass, and so to allow the lips of the uterus to resume their natural position. This may be done either with potassa caustica, the actual cautery at a white heat (as you have just seen me do in the case today), or by excising the whole nodule with a narrow knife.

The treatment with potassa caustica, as advocated by Dr. Henry Bennet and my father, and carried out so successfully for so many years in this hospital, has many advantages. The caustic is very powerful, and one is enabled to excavate a considerable portion, which in time sloughs out; and the process can be repeated until all the indurated tissue is removed. The case should be carefully watched during the healing process, and the sound passed a short way into the cervical canal in order to guard against occlusion taking place.

In cases where the induration is not very deep or extensive the actual cautery is most beneficial. At a white heat the part is rapidly destroyed, and any remaining induration may be subsequently treated in the same way. The cautery is a safer method of procedure than that with the potassa, as, I think, there is less liability to pelvic cellulitis; for when potassa is being used we must guard our patients very carefully against cold, as the least chill seems to favor its production.

Where, however, fissure undoubtedly exists, then the operation devised and recommended by Emmet holds out the best prospect of cure. It is an operation requiring care, time, and patience. The whole of the indurated cicatrix has to be cut out; the lateral aspects of the lips of the cervix must be not only vivified, but all the indurated tissue removed; the introduction of the sutures requires care to get the parts into perfect apposition; and the introduction of the needles into the thickened tissue of the cervix is by no means easy. We can, however, bear our testimony to the great value of the operation, as we have now performed it many times here, and the results have been very favorable, and have quite borne out all that Emmet claims for it.

I hope in these few remarks that I have rendered clear to you (1) the importance of carefully distinguishing the kind of case you have to deal with; (2) the importance of recognizing these several maladies in order to their successful treatment; and (3) the various methods of treatment that should be pursued in each several case.—*Med. Times and Gazette.*

BORACIC ACID applied to boils before or after incision will promptly arrest their development.

Miscellany.

THE SALICYL COMPOUNDS IN THE TREATMENT OF RHEUMATISM.—A very interesting and valuable series of papers have been recently read before the Medical Society of London upon the salicyl treatment of rheumatism. An immense mass of statistics was offered illustrating a large number of cases observed in various hospitals. We state briefly the main points raised in the discussion. There was unanimity on the point that the two leading features of acute rheumatism, fever and articular affections, are more or less quickly mitigated by salicyl compounds, whether these be given in large or small doses. There was much difference of opinion in regard to the question of dose. Dr. Maclagan and others urge the necessity of giving large doses at short intervals so as to get the patient rapidly under the influence of the drug, claiming that the more rapidly the system is saturated the more certainly will the remedy avert cardiac complications. Dr. Gilbert Smith and others presented statistics which showed that the percentage of cases with cardiac disease was greater than in cases treated with other remedies. It was brought out in the discussion that in a large proportion of the cases the cardiac inflammation was present before treatment was instituted, and further that the anemia of the disease might be intensified by the remedy, which would explain the occurrence of murmurs during its administration without detracting from the anti-rheumatic properties of the drug.

Much was said about relapses. Two reasons are suggested for the seeming frequency of relapses in cases treated by salicyl compounds. One is that the disease is not actually cut short by the remedy, but simply held in abeyance, and if the drug is omitted a so-called relapse occurs. The other cause is that owing to the relief of pain, fever, and apparent cure of the disease, ordinary precautions in matters of diet, clothing, rest, etc. are neglected, a relapse occurs, and discredit is thrown on the remedy. There may be a premature withholding of the remedy, in consequence of its having been given in poisonous doses, and this would also favor relapses.

Only a few cases were mentioned as having exhibited alarming symptoms due to the remedy. Dr. Maclagan alone preferred salicin to the other compounds. Dr. Owen uses salicylic acid in combination with excess of

alkali with excellent results. The point has been made in this country that an excess of alkali sufficient to keep the urine alkaline with the salicyl compounds tends in a very marked degree to prevent cardiac complications, while it in no way interferes with the anti-rheumatic properties of the compound. We are a little surprised that this important point was not more fully brought out in this discussion.—*J. B. M.*

SYPHILIS AMONG THE SOUTHERN BLACKS. J. C. Neal, M.D., Archer, Fla., writes to the New York Med. Record: We see more cases of syphilis among the blacks than all other diseases combined, and with unbridled passions, unrestricted intercourse, bastardy no disgrace, and "lady fever" almost epidemic, it would seem almost certain that the blacks will repeat the history of the Sandwich Islanders. Already we see a greater number of deaths in infancy than prior to 1865, more weakly black children, and a marked increase of diseased teeth among the younger negroes, showing a tendency to retrograde physically. In most of these cases of syphilis, I have found small doses of barium chloride, with decoction of stillingia, especially valuable, being certain, cheap, and safe, qualities that recommend themselves to my medical confrères in the South, where such cases are so frequent as to be a burden of expense to the charitably inclined."

LISTERINE.—Prof. Chas. T. Parkes, Rush Medical College, Chicago, thus speaks of the new antiseptic: An extended trial of Listerine in all kinds of wounds and operations has satisfied me of its great worth and excellence as an antiseptic application. In itself pleasant and innocuous, it is a very satisfactory deodorizer, and a thoroughly trustworthy gargle or wash for any and all foul ulcerations. Nothing that I have used so quickly cleanses and purifies sloughing tissues, either of bone or soft parts. Its value as an antiseptic *purely* is not surpassed by any other substance used for that purpose.

NAPELLIN.—M. Labrode (*Le Progrès Médical*) has discovered an alkaloid, which he calls napellin, in the mother liquor from which aconitin has been crystallized out. The alkaloid is amorphous, and is soluble in water, ether, alcohol, and chloroform. It is less poisonous than aconitin, and has been used in doses of five to six centigrams (about one grain) with much benefit in cases of neuralgia.—*Lond. Pract.*

ANESTHETICS FROM A MEDICO-LEGAL POINT OF VIEW.—The following conclusions, presented by Dr. J. G. Johnson, of Brooklyn, are worthy of careful consideration, as they involve questions that have an important bearing on the practical relations of patient and medical attendant:

Anesthetics do stimulate the sexual functions, the ano-genital region being the last to give up its sensitiveness. Charges made by females under the influence of an anesthetic should be received as the testimony of an insane person is. It can not be rejected, but the *corpus delicti aliunde* rule should be insisted on. Dentists or surgeons who do not protect themselves by having a third person present do not merit much sympathy.

Deaths from administration of chloroform after a felonious assault, unless the wounding were an unmistakably fatal one, reduces the crime of the prisoner from murder to a felonious assault.

The surgeon has no right to use chloroform to detect crime against the will of the prisoner.

But the army surgeon has the right to use chloroform to detect malingerers.

The medical expert, notwithstanding he is sent by order of court, has no right to administer an anesthetic against the wish of the plaintiff, in a personal damage-suit, to detect fraud.

Gross violations of the well-known rules of administering anesthetics, life being lost thereby, will subject the violator to a trial on the charge of manslaughter.

A surgeon allowing an untrained medical student to administer anesthetics, life being thereby lost, will subject the surgeon himself to a suit for damages. What he does through his agent he does himself.

The physician who administers an anesthetic should attend to that part of the business and nothing else. He should have examined the heart and lungs beforehand. He should have the patient in the reclining position, with his clothes loose, so as not to interfere with respiration, should have his rat-tooth forceps, nitrite of amyl and ammonia, and know their uses, and when to use them, and how to perform artificial respiration.

In operations on the ano-genital region and the evulsion of the toe-nail complete loss of sensation in these parts should never be allowed, and no operation on these parts at all should be had under an anesthetic unless by the approval of a full consultation who have a knowledge of the dangers.

Chloroform can not be administered by a person who is not an expert to a person who is asleep without waking him. Experts themselves, with the utmost care, fail more often than they succeed in chloroforming adults in their sleep.—*Annals of Anat. and Surgery.*

THE PHYSIOLOGY OF THE SPLEEN.—Dr. Roy, of the Brown Institution, has found that variations in the volume of an organ indicate the condition of its vessels and the amount of blood they contain, and furnish a delicate and exact means of studying the circulation in the viscera. He has invented the *oncometer*, or bulk-measurer, and has established the delicacy and accuracy of this method of study by a series of experiments on the kidney. Upon applying this new method of research to the spleen Dr. Roy has made some important discoveries, which materially increase our meager stock of knowledge of the physiology of this organ. Many of the observations of Dr. Roy are as yet unpublished. The London *Lancet* refers briefly to them. Dr. Roy finds that the splenic circulation invariably presents a striking difference from that of other organs. Its volume rarely remains constant for more than a very short time. The organ is continuously contracting and expanding with a constant rhythm. The spleen thus presents a definite and independent diastole and systole, which in one day occupied one minute, and the maximum contraction was nearly one fifth of the volume of the organ after death. The duration of each systole and diastole is from three quarters of a minute to two minutes; changes in the rhythm occur gradually, rarely presenting any considerable variation in half an hour. The circulation of the spleen is withdrawn to a large extent from the general blood-pressure, apparently in consequence of the small size of its arterioles. Tracings from the oncometer never show any indication of the arterial pulse and only give the respiration curves when under artificial respiration the rise and fall of pressure have been made considerable. He finds an independence of the splenic and general circulation, the splenic circulation being carried on by the rhythmical contractions of the muscular fibers in the capsule and trabeculae of the organ.

Briefly stated, these admirable experiments show that the spleen is in a sense its own heart and possesses a new function, that of the propulsion of the blood. The splenic blood enters the portal circulation and the movement of the blood in the portal system

of hepatic vessels is accelerated by the spleen, which may be regarded as a portal heart. The rhythmical contractions of the spleen probably aid also in accelerating the movement of the corpuscles between its own interstices and the blood, thus aiding the morphological changes which the blood undergoes in passing through this organ.—*J. B. M.*

LOCOMOTOR ATAXY IN SEWING-MACHINE OPERATORS.—M. Guelliot (*L'Union Méd.*) has made a study of two cases of locomotor ataxy occurring in sewing-machine operators, and concludes: 1. That in cases of hysterical women, in whom a predisposition to locomotor ataxy exists, work on the sewing-machine may occasionally be the cause of the development of the disease. 2. The symptoms appear first in the lower extremities, and gradually ascend, the darting pains occurring in flashes in the limbs from below upward. 3. Under the influence of repose a rapid improvement, which may be of long duration, is generally observed.

THE Shah of Persia lately underwent the operation of having a tooth extracted. In the mosque prayers were offered up for his safe passage through the ordeal, and he made his will and took an affectionate farewell of all his wives. Happily, however, he survived the operation and his faithful subjects exhibited their thankfulness by sending him congratulatory offerings amounting to not less than three thousand ducats.—*South. Dent. Journal.*

IVANCHICH, who claims to be the most successful lithotomist in Europe, publishes three hundred cases (thirty-three, however, being lithotripsy). Of the first hundred fourteen died, of the second hundred five, and of the third hundred three.

THE Woman's Medical College of Baltimore has recently been incorporated. The course of lectures will begin October 1, 1882. Seven professors, all of them gentlemen, have already been appointed.

"IKE," said Mrs. Partington, "run down town and get some venom distinguisher. I do say, the cockpoachers are getting so humorous that I'm almost repelled to decoy them;" and Ike smilingly said, "Yessum."

ERRATUM.—In the *News* of last week, page 125, seventh paragraph, under Books and Pamphlets, read for *Mississippi Valley Medical Monthly*, *Missouri Valley*, etc.

Selections.

The Physical and Therapeutical Action of Ergot.—In the March number of the *New York Med. Journal and Obstetrical review* Dr. Etienne Evetzky, New York, concludes the publication of his Joseph Mather Smith prize essay on ergot. Although dealing mainly with the physiological and therapeutical actions of the drug, the author gives a comprehensive account of the history of the different varieties of ergot, their botanical relations, their microscopical structure, and their chemical composition; the methods of their production, collection, preservation, and preparation for medicinal use; the relations of ergot to other remedies, etc. In comparing the action of ergot with that of a number of other excito-motors of the organic muscular tissue, an arbitrary group of which, the author thinks, ergot may be taken as the typical representative, he remarks that strychnia is most closely allied to ergot in its effects, the main difference being that strychnia acts with far greater energy on the spinal motor centers of the voluntary muscular tissue. Digitalis is distinguished by its predominant stimulating action of the heart. The chief difference between the action of ergot and that of Calabar bean lies in the early occurrence of a paretic state of the voluntary motor apparatus after doses of the latter drug that are not quite toxic. Atropia and nitrite of amyl are mentioned as antagonistic to ergot. For hypodermic administration we may use the extract, the fluid extract, or sclerotic acid, diluted in water, with or without the addition of glycerin or alcohol, which latter substances, the author thinks, do not improve the solution in the least. The solution should always be clear, not too oiid, and should be made somewhat alkaline if the injections are particularly painful. The solution should invariably be injected into the muscular tissue, and it is well to begin with small doses. The therapeutical applications of ergot are considered under five heads: 1. Disorders of the circulation and diseases of the organs of circulation; 2. Paretic conditions of the organs composed of organic muscular tissue, the circulatory system excepted; 3. Inflammatory and other morbid enlargements and growths; 4. Abnormal secretions; 5. Symptoms referable to the nervous system, and depending chiefly on circulatory disorders within it.

In regard to contra-indications to the use of ergot, it should be used with extreme caution in patients with an enfeebled heart. Pregnancy is not an absolute contra-indication. The use of the drug should be suspended during the menstruation, unless it is given for some special condition of that function. To avoid disturbing the digestion it is best to give the drug by the rectum or hypodermically.

The remainder of the article deals with the special diseases in which ergot seems capable of effecting good results.

New Method of Making Anatomical Preparations and Preserving their Flexibility.—Dr. Roswell Park, of Chicago, describes, in the *Annals of Anatomy and Surgery*, the following method of making anatomical preparations:

The joints to be prepared—supposing these parts to be selected for preparation—should be carefully dissected by aid of maceration so as to remove thoroughly all the soft parts except the ligaments. If one desires to use special time and care, the preparation

may be soaked a few days in benzine to dissolve out the fat. It may then be bleached by hypochlorous acid in the following way: A small quantity—one dram—of powdered potassium chlorate is put in a stone jar, and five drams of strong hydrochloric acid poured over it. The jar is then filled with water, and the specimens dropped into it. From six to thirty hours in this solution suffice. After still further scraping and cleaning they are finally placed in the following mixture: Coffee-sugar, two parts; salt peter, one part; methylic alcohol, one part; glycerin, sixteen parts. A little water may be used to assist in the solution of the solids, or a good article of syrup may be substituted for the sugar.

In this mixture the specimens are allowed to remain from one to two or even three weeks, according to their size. After removal from it they are allowed to drain for a few days, and then need only a little trimming and scraping before being placed in the cabinet. In most cases it will be well to scrape off all the periosteum, except where it would interfere with the ligaments.

Under this treatment the ligamentous structures become as flexible as they were during life, while thick tendons become almost transparent, *and they remain so*. Joints thus prepared with their capsule properly dissected make, for the anatomist's eye, really beautiful preparations. Instead of losing mobility, they become even more limber with time.

I made in this way a full series of preparations of the joints of the body over a year ago, and they are now better in every respect than when first made, save that they have darkened a little from their original bleached condition. There is not the slightest odor of decomposition about them. Preparations of an entire limb may be made in this way, which will be perfectly flexible and serve the purposes of demonstration much better than the dried and varnished specimens found in our museums. In making them the vessels should of course be injected first, preferably with a mixture of gelatin and glycerin used warm. By this method there will be very little shrinking and shrivelling up of structure. Pathological specimens, of joints especially, can be in this way kept to show to best advantage.

The Infective Period of Measles.—A short article has recently appeared in the Sanitary Journal on this subject, in which are especially pointed out (1) that judging from the epidemic of measles in the Fiji Islands, and from numerous isolated instances, the incubative period ordinarily lasts from ten to twelve days, but that in some cases it may only be eight, while in others it may be fourteen days; and (2) that the disease may be communicated from one child to another during the catarrhal stage and before the rash appears.

There is nothing particularly new in either of these statements, but they are often forgotten by many practitioners. Dr. W. Squire, in his valuable monograph on the period of infection in epidemic disease, published in 1874, pointed out not only that measles, but also other zymotic diseases, notably smallpox, are infectious before the rash appears. Dr. Squire divides the incubative stage into the latent, during which no symptoms of disease are observable, which in measles ordinarily lasts for about four days, and the period of invasion, when feverishness, loss of appetite, cough, coryza, etc. prevail. During this latter part of the disease there is plenty of evidence that it is infectious. A good instance of this is related in

the Sanitary Journal. A child at school feeling ill was removed to the house of a friend, where there were several children. After remaining there about a week she was taken home, and on the following day the eruption of measles appeared. The previous symptoms were loss of appetite and those of an ordinary cold. Twelve days after her removal four of the children, on the same day, were laid up with measles. In a second case a child visited, for a few hours only, another child who had a cough, and two days afterward the rash of measles. She returned home, and ten days afterward visited some friends for the day. On the twelfth day after her visit to the first-mentioned child she had the rash of measles. Some of her friends whom she visited on the tenth day after exposure and two days before the appearance of the rash also took the disease. Dr. Squire gives the following instance: A boy visited a girl on February 5th, and occupied the same bedroom with her from the 9th to the 12th, returned home on the 13th, and had the rash on the 16th and 17th of February. The little girl had cough on the 20th and the rash of measles on the 24th. Many other similar cases are published.

Another important point in connection with the infection of measles is not referred to by the writer in the Sanitary Journal, viz. the time during which infection may last after the appearance of the rash. Dr. Squire states that it is probably limited to three weeks from the time of the eruption, but that infection is evidently as intense in the first week of convalescence as at any part of the illness, is considerable in the second, and may persist in the third week. It is therefore almost certain that measles may be communicated by a sick child for a period of at least a month from the time of his receiving the infection of the disease, and that therefore it is not safe to allow him during that time to mix with healthy children.—*Brit. Med. Journal*.

Antiseptic Treatment of Lung-disease.—I have for several years largely employed dry antiseptic inhalation in phthisis as an adjunct to general constitutional measures. The treatment I believe to be useful; but every case of improvement must not be attributed to the inhalation. The most suitable cases are those attended with profuse expectoration, especially when softening has commenced or cavities formed. The effect is sedative; in a large proportion of cases the expectoration diminishes in quantity and improves in quality, cough becomes less frequent and severe, and sounder sleep is enjoyed, enabling the patient to dispense with objectionable cough medicines. The same effects may be noted when the general progress of the lung-affection is not arrested. I have never seen hemoptysis produced by its use. As a respirator I prefer a simple tin box, perforated and shaped to the mouth, introduced by Dr. Roberts, of Manchester. The patient is directed to place a few drops of the carbolic solution on the tow in the box, and to use the respirator for ten minutes after the morning cough, and at intervals during the day. Many habitually use it for hours while reading. If dryness and irritation of the mouth and throat be caused by the carbolic inhalation other remedies may be substituted—such as terebene and eucalyptus oil.

To produce an aseptic atmosphere the constant use of the vapor of carbolic acid in the sick-room has been recommended. Few can be induced to submit to this treatment, which I can not recommend.—*W. V. Snow, M.D., in Brit. Med. Journal*.

Mercury and other Remedies in the Treatment of Syphilis.—In the New York Med. Journal and Obstetrical Review for March, 1882, Dr. George Henry Fox, Clinical Prof. of Diseases of the Skin in the College of Physicians and Surgeons, New York, maintains that mercury, while undoubtedly our most valuable remedy in the medicinal treatment of syphilis, is yet an overrated drug, and is not essential to the cure of the disease. It is best administered internally rather than by inunction, by vapor baths, or by hypodermic injection. The amount usually administered is unnecessarily large, and its local irritant effects should be avoided. The duration of its use should vary according to the severity of the case; no absolute rule can be laid down. Iodide of potassium, the author thinks, should not be reserved solely for the late period of the disease, for there is no stage in which either iodine or mercury is incapable of doing good. Instead of the so-called "mixed treatment," he prefers to give the two agents separately. Iodide of potassium ought not to be administered continuously for any great length of time. It does its work quickly or not at all, and when unnecessarily continued is sure to do harm. Very large doses should not be used without the very plainest indications. They are not without their value in certain cases, but iodism has doubtless often been mistaken for the manifestations of syphilis. Iron deserves to be ranked with mercury and iodide of potassium, from its effect on the anemia that invariably accompanies the early stage of syphilis. Cod-liver oil is another remedy of great value, especially where there is a strumous taint.

Boracic Acid in the Treatment of Furuncle of the Ear and Furunculosis.—Believing that furuncle is caused by a parasitic protophyte, Loewenburg (*Progrès Médical*) rejects all emollients in its treatment. The organic materials which these contain are food for the parasites, while the heat and moisture which they induce supply the necessary conditions for rapid parasitic growth. He therefore bases his treatment upon antiseptics, and considers boracic acid as among the best of this class of remedies. Without waiting for the boil to burst, he passes (during local anesthesia) the knife through the summit of the follicle, which is generally marked by a hair, and follows up the course of the root-sheath. After the incision is made the part is immediately fomented with a cold, saturated aqueous solution of boracic acid. A simple fomentation of the above, without previous incision, in one case arrested the development of the inflammatory process.

On the Treatment of Some Forms of Pneumonia.—I wish to draw attention to the remarkable effects produced by the perchloride of iron, combined with hydrocyanic acid, in cases of pneumonia of a low type, especially those due to blood-poisoning. Most practitioners will agree in having seen cases of pneumonia run a course so like in its general aspect that of erysipelas as to lead them to imagine that they might be due to a similar cause, taking effect in the interstitial substance of the lung, instead of in the subcutaneous tissue. I have seen many such, and I have begun to apply a similar treatment, with, as I say, truly marvelous effects. The first case of the kind in which I ventured on this treatment was that of Mrs. G., aged thirty-five, who had double pneumonia, with pleurisy on the right side, in February of last year. When I first saw her the pulse was

140, the temperature in the axilla 103°, and the spouts of a deep rust color. I ordered mustard and linseed poultices, and the following mixture: R. Liquor ferri perchloridi fort., 3ij; acidi hydrocyanici (Scheele) Mvjij; aquam ad., 3vij. M. Two teaspoonsfuls to be taken every hour, with an intervening teaspoonful of brandy in water. After thirty hours the pulse had fallen to 100, the temperature to 99°, the spouts were entirely devoid of blood, and the breathing was almost normal. This patient made a rapid recovery.

In the last case of the kind coming under my notice, which occurred last week, the patient seemed to be in a state of collapse or syncope; the pulse was 144; the breathing in short gasps; the finger-ends, as seen through the finger-nails, of the color of a thunder-cloud; and both lungs in a general state of clog. Delirium also lasted a whole night. She had complained of shortness of breath, and had a phthisical aspect and family history, but had never had any cough until the present time. I ventured upon the same treatment with her, and her pulse is now 96, temperature all but normal, sputa devoid of blood or discoloration of any kind, and she herself anxious to get up.—D. Biddle, in *Brit. Med. Journal*.

An Experimental Research on Tuberculosis.—After a series of experiments on the true nature of tuberculosis and its products, Dr. C. Robinson has arrived at the following conclusions:

Tuberculosis artificially produced in animals is not due to a specific virus.

To produce tuberculosis in animals inoculation with tubercular matter is not necessary.

Failures to produce tuberculosis by inoculation with substances other than tubercular are in the same proportion as failures with true tubercular matter.

The introduction under the skin of any foreign substance capable of exciting an inflammation, or any traumatic injury, can produce tuberculosis, provided the animal is of scrofulous habits.

Scrofulosis in animals is expressed by an inflammation, terminating in the production of a cheesy mass.

Animals not generally scrofulous (cats and dogs) may become so, and then only can tuberculosis be produced in them.

Miliary tubercles are simply aggregations of cells of any simple, ill-nourished granulation tissue compressed into small nodes. The arrangement into nodes represents a true ante-mortem act of cells, to which any young inflammatory connective tissue is liable.

Under favorable conditions of nutrition, tubercles in animals may undergo a higher organization, becoming converted into small, harmless fibromata.

Tubercles artificially produced in animals are, histologically, strictly identical with those occurring in man.—*Phila. Med. Times*.

Hypodermics of Ether in Asiatic Cholera.—Dr. Dupuy (*Progrès Médical*) claims that in the cold stage of Asiatic cholera hypodermic injections of sulphuric ether have a very marked effect. If the temperature be already low the ether injections raise it as high as it has been previously lowered. Dupuy advises the use of the same procedure in the treatment of collapse arising from other causes than Asiatic cholera. He has found this procedure to answer well in asthmatic paroxysms.—*The Druggist*.

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MALTINE.

MALTINE is a concentrated extract of malted Barley, Wheat and Oats. In its preparation the temperature does not exceed 150 deg. Fahr., thereby retaining all the nutritive and digestive agents unimpaired. Extracts of Malt are made from Barley alone, by the German process, which directs that the mash be heated to 212 deg. Fahr., thereby coagulating the Albuminoids and almost wholly destroying the starch digestive principle, Diastase.

LIST OF MALTINE PREPARATIONS.

MALTINE (Plain).

MALTINE with Hops.

MALTINE with Alteratives.

MALTINE with Beef and Iron.

MALTINE with Cod Liver Oil.

MALTINE with Cod Liver Oil and Pancreatine.

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